

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	62607	10/15/99
O.I.P.E. CLASSIFIER		12	10/15
FORMALITY REVIEW		691	10-25-99

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1		4/16/02	
2		7/29/02	
3		12/7/02	
4		8/5/03	
5		1/26/04	
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Claim	Final	Original	Date
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53		12/7/02	
54		8/5/03	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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